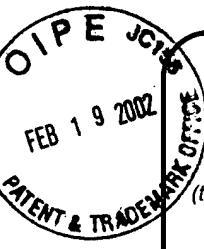


Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

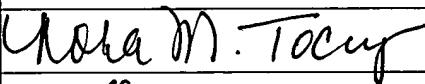
(to be used for all correspondence after initial filing)

		Application Number	09/914,389
		Filing Date	September 27, 2001
		First Named Inventor	Adamczyk et al.
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	36968/197688

ENCLOSURES (check all that apply)

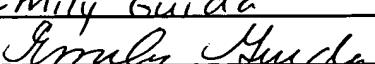
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Return Receipt Postcard -Check in the amount of \$240 -Executed Declaration for Patent Application -Copy of Notification of Missing Requirements	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Nora M. Tocups, Reg. No. 35,717 Kilpatrick Stockton LLP	
Signature		
Date	January 28, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Emily Guida	Date	January 28, 2002
Signature			

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 240)

Complete if Known	
Application Number	09/914,389
Filing Date	September 27, 2001
First Named Inventor	Adamczyk et al.
Examiner Name	
Group /Art Unit	
Attorney Docket No.	36968/197688

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

 Deposit Account:Deposit Account Number
11-0855Deposit Account Name
Kilpatrick Stockton LLP

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES

Total Claims	-20 **	=	0	X	0	=	0	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3 **	=	0	X		=	0			
Multiple Dependent				X		=	0			

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)						
Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid
				Fee Description	Fee Paid	
105	130	205	65	Surcharge - late filing fee or oath	130	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month	110	
116	400	216	200	Extension for reply within second month		
117	920	217	460	Extension for reply within third month		
118	1,440	218	720	Extension for reply within fourth month		
128	1,960	228	980	Extension for reply within fifth month		
119	320	219	160	Notice of Appeal		
120	320	220	160	Filing a brief in support of an appeal		
121	280	221	140	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,280	241	640	Petition to revive - unintentional		
142	1,280	242	640	Utility issue fee (or reissue)		
143	460	243	230	Design issue fee		
144	620	244	310	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Processing fee under 37 CFR 1.17 (q)		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
179	740	279	370	Request for Continued Examination (RCE)		
169	900	169	900	Request for expedited examination of a design application		
Other fee (specify) _____						
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3)
						(\$ 240)

SUBMITTED BY					
Complete if applicable					
Name (Print/Type)	Nora M. Tocups	Registration No. Attorney/Agent)	35,717	Telephone	404.815.6500
Signature	<i>Nora M. Tocups</i>			Date	January 28, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Maria Adamczyk and James Carlton Bedingfield

Serial No.: 09/914,389

Examiner:

Filed: September 27, 2001

Group Art Unit:

For: Methods and Systems Allowing Access to a Messaging Platform
Through a Visited Messaging Platform

Commissioner for Patents
Washington, D.C. 20231

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER
35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE**

Dear Sir:

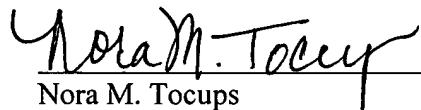
In response to the Notification of Missing Requirements mailed on October 29, 2001, enclosed is a copy of the Declaration executed by the inventors and a check for \$240 to cover the \$130 surcharge for late filing of the declaration and the \$110 fee for a one month extension of time. A copy of the Notification of Missing Requirements is also enclosed.

Respectfully submitted,

02/27/2002 SNAJARRO 00000022 09914389

01 FC:154

130.00 0P



Nora M. Tocups
Reg. No. 35,717

KILPATRICK STOCKTON LLP
1100 Peachtree Street, Suite 2800
Atlanta, Georgia 30309-4530
404.815.6213
Attorney Docket No.: 36968/197688

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this correspondence, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on this 28 day of January 2002 with sufficient postage as first-class mail in an envelope addressed to Box Missing Parts, Commissioner for Patents, Washington, D.C. 20231.

